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United States Bankruptcy Court		Administrative	
Southern District of New York Delphi Corporation et al. Claims Processing		Expense Claim	
c/o Kurtzman Carson Consultants LLC, 2335 Alaska Avenue		Form	
El Segundo, California 90245		Case Name and Number	
Debtor against which claim is asserted: Delphi Corporation, et al. 05-44481		In re Delphi Corporation., et al. 05-44481 Chapter 11, Jointly Administered	
NOTE: This form should not be used to make a claim in connection with a request for payment for goods or services provided to the Debtors prior to the commencement of the case. This Administrative Expense Claim Form is to be used solely in connection with a request for payment of an administrative expense arising after commencement of the case but prior to June 1, 2009, pursuant to 11 U.S.C. § 503.			
Name of Creditor The person or other entity to whom the debtor owes money or property) Ichigan Funds Administration Name and Address Where Notices Should be Sent Pennis J. Raterink, Asst. Atty General		□ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. □ Check box if you have never received any notices from the bankruptcy court in this case.	
Labor Div, PO Box 30736		Check box if the address differs from the address on the envelope sent to	
Lansing, MI 48909 Telephone No.		you by the court.	
Telephone No. (517) 373-1176			THIS SPACE IS FOR COURT USE ONLY
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: Check here if this claim preplaces amends a previous		Check here if this claim Dreplaces amends a previously filed	claim, dated: <u>7/14/2009</u>
1. BASIS FOR CLAIM Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other (Describe briefly) Workers! compensation funds assessments		Retiree benefits as defined in 11 U.S.C. § 1114(a) Wages, salaries, and compensation (Fill out below) Your social security number Unpaid compensation for services performed from	
2. DATE DEBT WAS INCURRED 2009		3. IF COURT JUDGMENT, DATE OBTAINED:	
4. TOTAL AMOUNT OF ADMINISTRATIVE CLAIM: \$\frac{820,654.07}{\text{O} Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.			
5. Brief Description of Claim (attach any additional information): See attached memorandum and exhibits			
6. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor. THIS SPACE IS FOR COURT USE ONLY			
7. SUPPORTING DOCUMENTS: <u>Attach copies of supporting documents</u> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. Any attachment must be 8-1/2" by 11".			
8. DATE-STAMPED COPY: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
Date	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)		
Dennis J. Raterink, Asst. Attorney General			